



Dart Aerospace Ltd.  
1270 Aberdeen St  
Hawkesbury, ON  
K6A 1K7  
Canada

Tel (613) 632-5200

**D2939-2BL**  
**Job Sheet 167811-A**



**Part No:** D2939-2BL

**Job Qty:** 5 ea

**Part Name:** Saddle RH In, 206



**Part Weight:** 0 lbs

**Job Created:** 12/12/17

**Due Date:** 11/24/17

**Type:** SOLD

**Ship Via:**

**Status:** Scheduled

**Priority:** High

**Job Tracking No:**

**Created By:** Linda Lacelle

**Description:**

*not painted blue.*

### Bill of Materials

### Job Routing

| Op No | Operation  | Qty   | Start Date | Due Date | Standard  |         | Workcenter/Supplier   |           | Sign-off |
|-------|------------|-------|------------|----------|-----------|---------|-----------------------|-----------|----------|
|       |            |       |            |          | Setup hrs | Run Hrs | Workcenter / Supplier | Lead Time |          |
| 130   | QC         | 5 pcs |            | 11/23/17 | 0.00      | 0.00    | QC8 Machining-1       |           |          |
| 140   | HandFinish | 5 pcs |            | 11/24/17 | 0.00      | 0.15    | HandFinish1           |           |          |
| 150   | Outsource  | 5 pcs |            | 11/24/17 |           |         | ATE003-VC             |           |          |
| 160   | QC         | 5 pcs |            | 11/24/17 | 0.00      | 0.00    | QC14                  |           |          |
| 170   | Packaging  | 5 pcs |            | 11/24/17 | 0.00      | 0.00    | Packaging3-1          |           |          |
| 180   | QC21-SA    | 5 Ea  |            | 11/24/17 | 0.00      | 0.00    | QC21                  |           |          |

Part Op  
Descriptions: **150 - \*\* MASK ALL HOLES AS PER PAR16-484\*\*\***

### Job Allocations

Job Allocations could not be found.

### Part Specifications

Specifications could not be found.

*see w/o 172364.*

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                              |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>             Skid-tube <input type="checkbox"/><br/>             Machining <input type="checkbox"/><br/>             Thermoforming <input type="checkbox"/><br/>             Large Fab <input type="checkbox"/> </div> <div>             Cross tube <input type="checkbox"/><br/>             Small Fab <input type="checkbox"/><br/>             Finishing <input type="checkbox"/><br/>             Composite <input type="checkbox"/> </div> <div>             Water Jet <input type="checkbox"/><br/>             Prod. Eng. Coord. <input type="checkbox"/><br/>             Rec/Store/Packaging <input type="checkbox"/><br/>             Supplier <input type="checkbox"/> </div> <div>             Engineering <input type="checkbox"/><br/>             Quality <input type="checkbox"/><br/>             Other <input type="checkbox"/> </div> </div>                                                                                                                                                                                                                           |  |                                              |  |
| Date : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Step #: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | QTY Effective : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | MRB (QSI042) Approval                        |  |
| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | Completed By                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | Lead hand / Supervisor Approval Verification |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | QC / QA Coordinator Approval                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                              |  |
| Root Cause                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | FAULT CATEGORY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                              |  |
| <div style="display: flex;"> <div style="flex: 1;">           Environment <input type="checkbox"/><br/>           Design <input type="checkbox"/><br/>           Doc/Data <input type="checkbox"/><br/>           Equip/Tooling <input type="checkbox"/><br/>           Handling/Pre <input type="checkbox"/><br/>           Material <input type="checkbox"/><br/>           Internal Transport <input type="checkbox"/><br/>           Tribal Knowledge <input type="checkbox"/><br/>           LOA <input type="checkbox"/><br/>           Substation <input type="checkbox"/><br/>           Past Expiry Date <input type="checkbox"/><br/>           Misidentified <input type="checkbox"/> </div> <div style="flex: 1;">           No Re-verification <input type="checkbox"/><br/>           Operator <input type="checkbox"/><br/>           Offset/Setup <input type="checkbox"/><br/>           Supplier <input type="checkbox"/><br/>           Training <input type="checkbox"/><br/>           Use for Testing <input type="checkbox"/><br/>           Poor Information <input type="checkbox"/><br/>           Rushing <input type="checkbox"/><br/>           Product Improvement <input type="checkbox"/><br/>           Process Improvement <input type="checkbox"/><br/>           Manufacturing Process <input type="checkbox"/><br/>           Past Due <input type="checkbox"/> </div> </div> | <div style="display: flex;"> <div style="flex: 1;">           Pressure/Forced <input type="checkbox"/><br/>           Bending <input type="checkbox"/><br/>           Centre Not Concentric <input type="checkbox"/><br/>           Cracks <input type="checkbox"/><br/>           Crimp/Kink/Ripple/Wave <input type="checkbox"/><br/>           Cuffs <input type="checkbox"/><br/>           Crushing <input type="checkbox"/><br/>           Heat Treat <input type="checkbox"/><br/>           Wave/Twist in Tube <input type="checkbox"/><br/>           Marks/Chatter <input type="checkbox"/> </div> <div style="flex: 1;">           Temperature/Cure <input type="checkbox"/><br/>           Set-up <input type="checkbox"/><br/>           BOM/Route <input type="checkbox"/><br/>           Broken/Damage/Defect <input type="checkbox"/><br/>           Inspection Incomplete/Unqualified <input type="checkbox"/><br/>           Contamination <input type="checkbox"/><br/>           Countersink <input type="checkbox"/><br/>           Cut Too Short <input type="checkbox"/><br/>           Instructions Incomplete/Unclear <input type="checkbox"/><br/>           Drill Holes <input type="checkbox"/> </div> </div> | <div style="display: flex;"> <div style="flex: 1;">           Power Loss/Surge <input type="checkbox"/><br/>           Folio/Program <input type="checkbox"/><br/>           Grain <input type="checkbox"/><br/>           Weld <input type="checkbox"/><br/>           Wrong Stock Pulled <input type="checkbox"/><br/>           Out of Sequence <input type="checkbox"/><br/>           Off-set <input type="checkbox"/><br/>           Misabeled <input type="checkbox"/><br/>           Fit/Function <input type="checkbox"/><br/>           Misaligned/off center <input type="checkbox"/> </div> <div style="flex: 1;">           Positioned Wrong <input type="checkbox"/><br/>           Outside Dimensions <input type="checkbox"/><br/>           Over/Under tolerance <input type="checkbox"/><br/>           Part Incorrect <input type="checkbox"/><br/>           Part Lost/Missing <input type="checkbox"/><br/>           Part Moved <input type="checkbox"/><br/>           Drawing <input type="checkbox"/><br/>           Finish <input type="checkbox"/><br/>           Misread <input type="checkbox"/><br/>           Turning Sequence <input type="checkbox"/> </div> </div> |  |                                              |  |
| OTHER : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                              |  |





Dart Hawkesbury  
1270 Aberdeen St  
Hawkesbury, ON  
K6A 1K7  
Canada

Tel (613) 632-5200

**D2939-2BL**  
**Job Sheet 167811**



Part No: D2939-2BL

Job Qty: 10 ea

Part Name: Saddle RH In, 206



Part Weight: 0 lbs

Status: Scheduled

Priority: High

Job Created: 11/7/17

Job Tracking No:

Due Date: 11/24/17

Created By: Victoria Michaud-Febrille

Type: SOLD

Description:

Ship Via:

Rev C.

### Bill of Materials

### Job Routing

| Op No | Operation              | Qty    | Start Date | Due Date | Standard  |         | Workcenter/Supplier   |           | Sign-off     |
|-------|------------------------|--------|------------|----------|-----------|---------|-----------------------|-----------|--------------|
|       |                        |        |            |          | Setup hrs | Run Hrs | Workcenter / Supplier | Lead Time |              |
| 90    | Start up Operation     | 10 Ea  | 11/23/17   | 11/23/17 | 0.00      | 0.00    | Start Up Machining    |           | FR 17-12-8   |
| 100   | CNC Vertical Machining | 10 pcs | 11/23/17   | 11/23/17 | 0.45      | 11.00   | HAAS 1                |           | SBZ 17/12/10 |
| 110   | Mill Conv              | 10 pcs | 11/23/17   | 11/23/17 | 0.00      | 11.00   | Mill Conv 1           |           | SBZ 17/12/10 |
| 120   | QC                     | 10 pcs | 11/23/17   | 11/23/17 | 0.00      | 0.00    | QC1                   |           | SBZ 17/12/10 |
| 130   | QC                     | 10 pcs | 11/23/17   | 11/23/17 | 0.00      | 0.00    | QC8                   |           | Ma 17-12-11  |
| 140   | HandFinish             | 10 pcs | 11/23/17   | 11/23/17 | 0.00      | 0.29    | HandFinish1           |           |              |
| 150   | SprayPaint             | 10 pcs | 11/24/17   | 11/24/17 | 0.00      | 0.83    | Spray Paint           |           |              |
| 160   | QC                     | 10 pcs | 11/24/17   | 11/24/17 | 0.00      | 0.00    | QC14                  |           |              |
| 170   | Packaging              | 10 pcs | 11/24/17   | 11/24/17 | 0.00      | 0.00    | Packaging3            |           |              |
| 180   | QC21-SA                | 10 Ea  | 11/24/17   | 11/24/17 | 0.00      | 0.00    | QC21                  |           |              |

Part Op 100 - Program part number and batch number.

Descriptions: 110 - Machine Keyway and inspect per attached dimension sheet

150 - \*\* MASK ALL HOLES AS PER PAR16-484\*\*\*

### Job Allocations

| Operation             | Component Part | Required | Inventory | Allocated | Std Qty |
|-----------------------|----------------|----------|-----------|-----------|---------|
| 90-Start up Operation | D6101-001      | 10       | 29        | 0         | 0       |

### Part Specifications

Specifications could not be found.

Plex 11/7/17 8:25 AM dart.Michaud-Febrille.Victoria

|                                                     |               |                            |             |
|-----------------------------------------------------|---------------|----------------------------|-------------|
| <b>DART AEROSPACE LTD</b>                           |               | <b>Work Order:</b> 167 811 |             |
| <b>Description:</b> 206 Saddle, Inboard, Right side |               | <b>Part Number:</b>        | D2939-2     |
| <b>Inspection Dwg:</b> D2939                        | <b>Rev:</b> C | <b>DSK:</b>                | <b>Rev:</b> |
|                                                     |               |                            | Page 1 of 1 |

### FIRST ARTICLE INSPECTION DIMENSION SHEET

☒ First Article ☐ Prototype

| Dim           | Min   | Max   | Go/No Go Gauge | Record Actual Dimensions |       |       |       |       |
|---------------|-------|-------|----------------|--------------------------|-------|-------|-------|-------|
|               |       |       |                | 1                        | 2     | 3     | 4     | 5     |
| A             | 0.100 | 0.140 |                | .117                     | .119  | .118  | .117  | .117  |
| B             | 0.100 | 0.140 |                | .117                     | .118  | .117  | .118  | .117  |
| C             | 0.100 | 0.140 |                | .117                     | .119  | .119  | .120  | .121  |
| D             | 0.210 | 0.230 |                | .226                     | .227  | .226  | .226  | .226  |
| E             | 1.245 | 1.255 |                | 1.250                    | 1.250 | 1.250 | 1.250 | 1.250 |
| F             | 1.245 | 1.255 |                | 1.250                    | 1.250 | 1.250 | 1.250 | 1.250 |
| G             | 2.495 | 2.505 |                | 2.500                    | 2.500 | 2.500 | 2.500 | 2.500 |
| H             | 0.510 | 0.515 |                | .511                     | .511  | .511  | .511  | .511  |
| I             | 1.572 | 1.582 |                | 1.577                    | 1.577 | 1.577 | 1.577 | 1.577 |
| J             | 2.495 | 2.505 |                | 2.500                    | 2.500 | 2.500 | 2.500 | 2.500 |
| K             | 0.257 | 0.262 |                | .258                     | .258  | .258  | .258  | .258  |
| L             | 0.312 | 0.317 |                | .313                     | .313  | .313  | .313  | .313  |
| M             | 0.235 | 0.240 |                | .238                     | .238  | .238  | .237  | .238  |
| N             | 0.100 | 0.140 |                | .119                     | .121  | .121  | .121  | .121  |
| O             | 0.540 | 0.560 |                | .550                     | .550  | .550  | .550  | .550  |
| P             | 0.490 | 0.510 |                | .500                     | .500  | .500  | .500  | .500  |
| Q             | 3.715 | 3.725 |                | 3.720                    | 3.720 | 3.720 | 3.720 | 3.720 |
| R             | 2.720 | 2.760 |                | 2.740                    | 2.738 | 2.738 | 2.738 | 2.740 |
| S             | 0.240 | 0.270 |                | .255                     | .255  | .256  | .255  | .256  |
| T             | 0.100 | 0.180 |                | .145                     | .135  | .137  | .135  | .140  |
| U             | 1.625 | 1.635 |                | 1.630                    | 1.630 | 1.630 | 1.630 | 1.630 |
| V             | 1.362 | 1.372 |                | 1.367                    | 1.367 | 1.367 | 1.367 | 1.367 |
| W             | 0.316 | 0.321 |                | .316                     | .316  | .316  | .316  | .316  |
| X             | 1.250 | 1.270 |                | 1.261                    | 1.262 | 1.261 | 1.262 | 1.261 |
| Y             | 1.565 | 1.585 |                | 1.576                    | 1.577 | 1.576 | 1.577 | 1.576 |
| Z             | 0.178 | 0.198 |                | .168                     | .188  | .188  | .188  | .188  |
| AA            |       |       |                |                          |       |       |       |       |
| AB            |       |       |                |                          |       |       |       |       |
| AC            |       |       |                |                          |       |       |       |       |
| AD            |       |       |                |                          |       |       |       |       |
| Accept/Reject |       |       |                |                          |       |       |       |       |

|                                |                       |
|--------------------------------|-----------------------|
| <b>Measured by:</b> SBL        | <b>Date:</b> 17/12/09 |
| <b>Audited by:</b> B.F         | <b>Date:</b> 17-12-11 |
| <b>Prototype Approval:</b> N/A | <b>Date:</b> N/A      |

| Rev | Date     | Change                                                         | Revised by | Approved |
|-----|----------|----------------------------------------------------------------|------------|----------|
| A   |          | New Issue                                                      | RF         |          |
| B   | 02.12.12 | Re-format; Added Dim. X-Y, DT8683, DT8686, DT8690 & DT8695 A/B | KJ/RF      |          |
| C   | 07.03.21 | Revised per drawing revision C                                 | KJ/JLM     |          |
| D   | 07.11.23 | DT8695 A/B removed                                             | KJ/EC/DD   |          |



|                                                     |               |                                            |
|-----------------------------------------------------|---------------|--------------------------------------------|
| <b>DART AEROSPACE LTD</b>                           |               | <b>Work Order:</b> 16784                   |
| <b>Description:</b> 206 Saddle, Inboard, Right side |               | <b>Part Number:</b> D2939-2                |
| <b>Inspection Dwg:</b> D2939                        | <b>Rev:</b> C | <b>DSK:</b> <b>Rev:</b> <b>Page 1 of 1</b> |

### FIRST ARTICLE INSPECTION DIMENSION SHEET

☒ First Article    ☐ Prototype

| Dim | Min   | Max   | Go/No Go Gauge | Record Actual Dimensions |       |       |       |       |
|-----|-------|-------|----------------|--------------------------|-------|-------|-------|-------|
|     |       |       |                | #6                       | #7    | #8    | #9    | #10   |
| A   | 0.100 | 0.140 |                | .117                     | .116  | .116  | .117  | .117  |
| B   | 0.100 | 0.140 |                | .118                     | .116  | .117  | .118  | .117  |
| C   | 0.100 | 0.140 |                | .122                     | .120  | .120  | .120  | .119  |
| D   | 0.210 | 0.230 |                | .226                     | .226  | .227  | .227  | .227  |
| E   | 1.245 | 1.255 |                | 1.250                    | 1.250 | 1.250 | 1.250 | 1.250 |
| F   | 1.245 | 1.255 |                | 1.250                    | 1.250 | 1.250 | 1.250 | 1.250 |
| G   | 2.495 | 2.505 |                | 2.500                    | 2.500 | 2.500 | 2.500 | 2.500 |
| H   | 0.510 | 0.515 |                | .511                     | .511  | .511  | .511  | .511  |
| I   | 1.572 | 1.582 |                | 1.577                    | 1.577 | 1.577 | 1.577 | 1.577 |
| J   | 2.495 | 2.505 |                | 2.500                    | 2.500 | 2.500 | 2.500 | 2.500 |
| K   | 0.257 | 0.262 |                | .258                     | .258  | .258  | .258  | .258  |
| L   | 0.312 | 0.317 |                | .313                     | .313  | .313  | .313  | .313  |
| M   | 0.235 | 0.240 |                | .238                     | .238  | .238  | .238  | .238  |
| N   | 0.100 | 0.140 |                | .121                     | .121  | .121  | .122  | .121  |
| O   | 0.540 | 0.560 |                | .550                     | .550  | .550  | .550  | .550  |
| P   | 0.490 | 0.510 |                | .500                     | .498  | .498  | .500  | .500  |
| Q   | 3.715 | 3.725 |                | 3.720                    | 3.720 | 3.720 | 3.720 | 3.720 |
| R   | 2.720 | 2.760 |                | 2.740                    | 2.740 | 2.740 | 2.737 | 2.740 |
| S   | 0.240 | 0.270 |                | .255                     | .256  | .256  | .256  | .255  |
| T   | 0.100 | 0.180 |                | .134                     | .135  | .136  | .140  | .138  |
| U   | 1.625 | 1.635 |                | 1.630                    | 1.630 | 1.630 | 1.630 | 1.630 |
| V   | 1.362 | 1.372 |                | 1.367                    | 1.367 | 1.367 | 1.367 | 1.367 |
| W   | 0.316 | 0.321 |                | .316                     | .316  | .316  | .316  | .316  |
| X   | 1.250 | 1.270 |                | 1.260                    | 1.261 | 1.261 | 1.260 | 1.261 |
| Y   | 1.565 | 1.585 |                | 1.575                    | 1.575 | 1.575 | 1.575 | 1.576 |
| Z   | 0.178 | 0.198 |                | .188                     | .188  | .188  | .188  | .188  |
| AA  |       |       |                |                          |       |       |       |       |
| AB  |       |       |                |                          |       |       |       |       |
| AC  |       |       |                |                          |       |       |       |       |
| AD  |       |       |                |                          |       |       |       |       |

Accept/Reject

|                                |                       |
|--------------------------------|-----------------------|
| <b>Measured by:</b> SBL        | <b>Date:</b> 17/12/09 |
| <b>Audited by:</b> J.P.        | <b>Date:</b> 17-12-11 |
| <b>Prototype Approval:</b> N/A | <b>Date:</b> N/A      |

| Rev | Date     | Change                                                         | Revised by | Approved |
|-----|----------|----------------------------------------------------------------|------------|----------|
| A   |          | New Issue                                                      | RF         |          |
| B   | 02.12.12 | Re-format; Added Dim. X-Y, DT8683, DT8686, DT8690 & DT8695 A/B | KJ/RF      |          |
| C   | 07.03.21 | Revised per drawing revision C                                 | KJ/JLM     |          |
| D   | 07.11.23 | DT8695 A/B removed                                             | KJ/EC/DD   |          |